



South Coast Air Quality Management District  
P. O. BOX 4944  
Diamond Bar, CA 91765  
(909) 396- 2000

# APPLICATION FOR PLANS FORM 400 - P

## Section I - Company Information

LEGAL NAME OF APPLICANT	<input type="checkbox"/> IRS OR <input type="checkbox"/> S.S.NUMBER
PERMIT TO BE ISSUED TO (SEE INSTRUCTIONS)	
BUSINESS MAILING ADDRESS	

## Section II - Facility Information

EQUIPMENT ADDRESS/LOCATION		FACILITY NAME	
NUMBER/STREET		FACILITY ID NUMBER	
CITY OR COMMUNITY		ZIP CODE	
NAME OF CONTACT PERSON	TITLE	CONTACT TELEPHONE NUMBER	
TYPE OF BUSINESS AT THIS FACILITY		BUSINESS TYPE CODE (SEE INSTRUCTIONS)	

## Section III - Equipment Information

APPLICATION HEREBY SUBMITTED FOR:							
RULE NUMBER WHICH THIS APPLICATION APPLIES TO:							
TYPE OF PLAN APPLICATION: <input type="checkbox"/> Compliance Plan <input type="checkbox"/> Alternative Emission Control Plan (AECP) <input type="checkbox"/> Excavation Plan <input type="checkbox"/> Extreme Performance Coating Classification <input type="checkbox"/> Other							
IF THIS APPLICATION IS ASSOCIATED WITH CERTAIN DISTRICT APPLICATIONS(S)/PERMIT(S), ENTER APPLICATION/PERMIT NUMBER(S):							
FOR THIS PROJECT HAS A CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA) DOCUMENT BEEN REQUIRED BY ANOTHER GOVERNMENTAL AGENCY? <input type="checkbox"/> No <input type="checkbox"/> Yes, IF YES, ENTER NAME OF AGENCY AND SUBMIT A COPY IF APPROVED.							
DO YOU CLAIM CONFIDENTIALITY OF DATA? (SEE INSTRUCTIONS) <input type="checkbox"/> Yes <input type="checkbox"/> No							
OPERATING SCHEDULE				FOR AECP PLEASE FILL IN THE TABLE BELOW:			
	HOURS/DAY	DAYS/WEEK	WEEKS/YEAR		LBS/YEAR	DAYS/YEAR	
MAXIMUM				ACTUAL USAGE TWO YEARS AGO			
AVERAGE				ACTUAL USAGE LAST YEAR			
				PROPOSED AVERAGE USE			

## Section IV - Signature

I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED HEREIN AND INFORMATION SUBMITTED WITH THIS APPLICATION IS TRUE AND CORRECT.							
SIGNATURE OF RESPONSIBLE OFFICIAL OF FIRM:				TITLE OF RESPONSIBLE OFFICIAL OF FIRM:			
TYPE OR PRINT NAME OF RESPONSIBLE OFFICIAL OF FIRM:				RESPONSIBLE OFFICIAL'S TELEPHONE NUMBER		DATE SIGNED:	
				( ) -		/ /	
I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED HEREIN AND INFORMATION SUBMITTED WITH THIS APPLICATION IS TRUE AND CORRECT.							
SIGNATURE OF PREPARER:				TITLE OF PREPARER:			
TYPE OR PRINT NAME OF PREPARER:				PREPARER'S TELEPHONE NUMBER		DATE SIGNED:	
				( ) -		/ /	
AQMD USE ONLY	APPLICATION/TRACKING #	PROJECT #	TYPE B C D	EQUIPMENT CATEGORY CODE:	FEE SCHEDULE:	VALIDATION	
ENG. A R	ENG. A R	CLASS	ASSIGNMENT	ENF.	CHECK/MONEY ORDER	AMOUNT	
DATE	DATE	I III IV	UNIT ENGINEER	SECT.	#	\$	